

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter
Certificate from Justin Sabree dba
Charleston Party Pros LLC.

BEFORE THE 254132
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET**DOCKET**

NUMBER: 2015 - 23 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Justin Sabree

Telephone: 864-357-2616

Address: 1405 Saratoga Ct.

Fax: 843-494-9304

N. Chas, SC 29420

Other:

Email: jsabree01@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Rec'd
1-8-15-jr
Clerk's Office

jsa

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 1/6/15

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Charleston Party Pro's LLC

1405 Saratoga CT. N. Chas, SC 29420

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-357-2616

Phone

843-494-9304

Fax

JSabree01@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☒ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Justin Sabree 1405 Saratoga CT. N. Chas, SC 29420

Kenneth Enos 101 Prairie LN, Summerville, SC 29483

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

(New Business)
ran from home

Balance at Time Application is Filed:

Month Jan Year 2015

Assets:

Cash	30,000.00
Receivables	
Real Estate	130,000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets*	160,000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	126,000.00
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	126,000.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	340,000.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$220.00 per hr.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

I do not have a vehicle at this time. However, the vehicle I wish to obtain holds up to 15 Passengers.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

See attach

The following insurance quote is for:

Charleston Party Pros LLC / Justin Sabree
Name of Applicant

101 Prairie LN Summerville, SC 29483
Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____ Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000
8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Progressive
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE

JUSTIN LLC
1405 SARATOGA CT
NORTH CHARLESTO, SC 29420

Underwritten by:
Progressive Northern Insurance Co
January 8, 2015
Policy Period: Jan 8, 2015 - Jan 8, 2016
Page 1 of 3

Customer Phone number: 1-864-357-2616

Commercial Auto Insurance Quote

Dear JUSTIN LLC,

Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities around safe driving and business experience, and nationally recognized claims service that keeps you and your business on the road. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us. Our number is 1-888-814-6494, or you can visit us at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business type: Passenger Transportation (For Hire)
Sub business type: Limo Services



Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$9,132.00
Paid in full discount	-1356.00
Policy premium if paid in full	\$7,776.00

Payment plans

Payment Method: 10 Payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$9,132.00	\$1,523.98	10 payments of \$772.81
10 Payments, 20.0% Down	\$9,132.00	\$1,828.00	9 payments of \$823.56
6 Pay, Seasonal, 20.0% Down	\$9,132.00	\$1,828.00	5 payments of \$1,472.80
10 Payments, 25.0% Down	\$9,132.00	\$2,284.50	9 payments of \$772.84
4 Pay, Seasonal, 25.0% Down	\$9,132.00	\$2,284.50	3 payments of \$2,294.50

Make payments by mail or at progressivecommercial.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$9,132.00	\$1,523.98	10 payments of \$772.81
10 Payments, 20.0% Down	\$9,132.00	\$1,828.00	9 payments of \$823.56
6 Pay, Seasonal, 20.0% Down	\$9,132.00	\$1,828.00	5 payments of \$1,472.80
10 Payments, 25.0% Down	\$9,132.00	\$2,284.50	9 payments of \$772.84
4 Pay, Seasonal, 25.0% Down	\$9,132.00	\$2,284.50	3 payments of \$2,294.50
4 Pay, Quarterly, 25.0% Down	\$9,132.00	\$2,284.50	3 payments of \$2,294.50
1 Payment	\$7,776.00	\$7,776.00	None
OPF	\$9,132.00	\$9,132.00	None
2 Payments, 50.0% Down	\$9,132.00	\$4,567.00	1 payment of \$4,577.00

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-800-895-2886**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
JUSTIN SABREE	27	Single	1	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$7,963
Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		
Uninsured Motorist			84
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Medical Payments	\$5,000 each person		61
Comprehensive			589
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			360
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			57
See Auto Coverage Schedule			
Roadside Assistance			16
See Auto Coverage Schedule			
Subtotal policy premium			\$9,130
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$9,132

Auto coverage schedule

1. **2008 HUMMER H3** Stated Amount: * \$50,000 (including Permanently Attached Equip)
 VIN: Garaging Zip Code: 29420 Territory: 12 Radius: 100 miles
 Personal use: N Body type: Limousine Use class: S

Liability Premium	Liability	UM	UM PD	Med Pay
	\$7963	\$75	\$9	\$61
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium
	\$500	\$589	\$500	\$360
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium
	\$50 per day Max \$1500	\$57	Selected	\$16
				Auto Total
				\$9,130

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy	Package

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Exhibit Fit, Willing, and Able (FWA)

Justin Sabree / Charleston Party Pros LLC
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☒ Yes ☐ No

If Yes, indicate nature of judgement(s) against applicant.

Please see attached

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

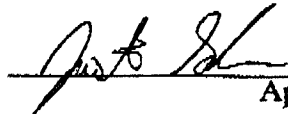
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

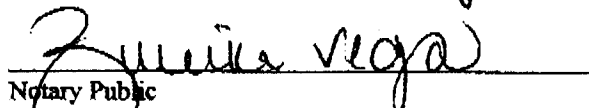
Owner, Charleston Party Pros LLC

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Dorchester)

SWORN TO BEFORE ME
This 8th day of January, 20 15


Notary Public

Commission Expires 8/15/2024



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHARLESTON PARTY PRO'S LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 29th, 2014, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 30th day of
December, 2014

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State

Official Receipt

A payment has been submitted and a receipt generated based on the submission.

Transaction Reference Number:

Transaction Date:12/29/2014 5:43:53 PM

Scheduled Settlement Date:TBD

General
Business

Charleston Party Pro's LLC

Application / L/P/R Request / Fees

Add New/Existing Business

Date

Fee

12/29/2014

Articles of Organization Limited Liability Company

Filing

\$ 110.00

New Location - Charleston Party Pros LLC

\$ 0.00

Business Personal Property Tax

\$ 0.00

Charleston Party Pro's LLC Total :

\$ 110.00

Charleston Party Pro's LLC Total :

\$ 110.00

Credit card/debit card used to pay the full amount listed above XXXX-X

Additional Application Information

General
Business

Charleston Party Pro's LLC

Application / L/P/R Request / Attachment(s)

Add New/Existing Business (Shopping Cart ID: 914823)

Articles of Organization Limited Liability Company

The Secretary of State will review your application. Upon approval, the Secretary of State will send to your email address an official copy of the articles and a Certificate of Organization. This is a one time event; there is no renewal. You may want to check the trash or junk email folders; sometimes the emails are moved to these folders. The 'from address' will read secstatscbos@sos.sc.gov.

Business Personal Property Tax

Business Personal Property Tax is a business tax on the furniture, fixtures, and equipment owned by the business. Examples include computers, copiers, chairs, refrigeration equipment, and shelving. You will receive a Property Tax Return (PT-100) one month after your accounting period closes. In most cases, the county in which the business is located will bill you for this tax.

New Location - Charleston Party Pros LLC

SCBOS and the Dept. of Revenue have recognized that you have added a location to your business. If you applied for a Retail Sales Tax License, you can find the license number by returning to the workspace; it is under the Reference # column heading corresponding to the sales tax line item.

Add New/Existing Business

Session Recap**Add New/Existing Business (Shopping Cart ID: 914823)****Entity Type:**Limited Liability Company
(multiple member)**Enter Entity Name::**

Charleston Party Pro's LLC

FEIN:**Type of business conducted:**

487990

Address of the initial designated office in South Carolina:101 PRAIRIE LN
SUMMERVILLE SC 29483-1830
BERKELEY
US**Registered agent of the business:**

Justin Sabree

Registered Agent Address:1405 SARATOGA CT
N CHARLESTON SC
29420-7459
DORCHESTER
US

The person who performs the act of signing the Articles of Organization and delivers them to the Secretary of State for filing. Does not need to be a member of the LLC. :

Organizer Name**Organizer Title****Organizer Address**

Justin Sabree

Member

1405 SARATOGA CT N
CHARLESTON SC 29420-7459
DORCHESTER US

Kenneth Enos

Member

101 PRAIRIE LN SUMMERVILLE
SC 29483-1830 BERKELEY US**Name:**

Justin Sabree

Title:

Member

Address:1405 SARATOGA CT
N CHARLESTON SC
29420-7459
DORCHESTER
US

1/6/15

To whom this may concern:

I have a loan judgment against myself in the amount of 7000.00 from Jamilah Sabree. I am working closely with my lawyer (Thomas Pritchard) to get this judgment out of my name as for it was entered incorrectly in my name.

For any questions or concerns you may call me directly. You may also call my Lawyer Mr. Pritchard for any verification issues at 843-722-3300.

Thanks in advance,

Justin Sabree



1405 Saratoga Ct.

North Charleston, SC 29420

C 864-357-2616